

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10-897680

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
			IND.	DEP.	IND.	DEP.	IND.	DEP.
	1	1	1					
2		1		1				
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TOTAL IND.		1	1	1	1	1	1	1
TOTAL DEP.		1	1	1	1	1	1	1
TOTAL CLAIMS		1	1	1	1	1	1	1

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			
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TOTAL IND.		1	1	1	1	1	1	1
TOTAL DEP.		1	1	1	1	1	1	1
TOTAL CLAIMS		1	1	1	1	1	1	1